

REST AVAILABLE COPY

**CLAIMS ONLY**

Application Number

**Filing Date:**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	4	10				
Total Depend	10					
Total Claims	14					

	Indep	Depend	Indep	Depend	Indep
51					
52					
53					
54					
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93					
94					
95					
96					
97					
98					
99					
100					
Total Indep					
Total Depend					
Total Claims					